

Published: 05/12/2010, *The Hill*

Last year's G8 Global Health Experts Report had an important but understated sentence in it: Women and children are among the most vulnerable groups, and progress toward the Millennium Development Goals related to maternal, newborn and child health remains too slow.

This means 24,000 newborns and children under the age of 5 died yesterday, are dying today, and will die tomorrow - and every day for the foreseeable future. An estimated 1,500 mothers will die during pregnancy or after delivery today, tomorrow - and every day for the foreseeable future.

Is progress to end needless, preventable deaths going too slowly? Of course it is.

The G8 should ask the parents of one of the nearly 9 million children who died last year if progress is too slow. Or, it could ask an orphaned child whose mother was one of the more than half million women who die annually from a pregnancy-related death.

Inspiring action to save lives is a challenge. Health ministries in sub-Saharan Africa and South Asia know their women and children are dying in massive numbers. The development and global health community understand this, too.

There is no need to wait for a miracle drug or a great technological breakthrough to save most of these lives. In many parts of the world, simple, cost-effective interventions are being delivered today. They need to be scaled-up, expanded and sustained.

We know skilled birth attendants are needed, and we know how to recruit and train them.

We know expanding access to family planning and child spacing improve the health of women and their children.

We know exclusive breast feeding, immunizations for measles, Vitamin A supplements and bed

nets saved millions of lives during the past decade.

We know the work of UNICEF, Save the Children, the Global Fund, and UNFPA save lives.

We know USAID makes major contributions to maternal and child health, as well as reproductive health. Tens of millions of people are alive today because of child health programs paid for by the American people during the past forty years.

Given what we can do, where is the urgency to save the lives of children and mothers?

Where is the political will? These are the questions we need to answer if we are going to translate the endless health reports, policy papers and strategic plans into results.

Imagine the possibility of a terrorist campaign in which 5 million children were at risk, but we knew how to prevent it. Would the world come together to spend the money?

Unfortunately, the terror that strikes millions of parents who watch their children die from malnutrition or malaria is not the same terror that inspires most governments. The real sense of urgency might need to start in affected countries.

For example, India and Pakistan have billions of dollars to spend on advanced military hardware, including nuclear arsenals. Yet millions of their citizens live in abject misery and die because they are poor. Nigeria, a petroleum exporter, leads the African continent in the number of mothers and children dying each year. This should be a source of shame.

Because the whispers of dying mothers and children are not heard by politicians in Ethiopia, Zambia, Afghanistan, or the United States, there should be no expectation that preventing these deaths will be a political priority any time soon.

Inspiring political will - in the U.S. and around the world - is something the child and maternal health advocacy community needs to act upon.

This is an area where policy, politics, and pressure must unite to make real change. Unless a new model of grassroots advocacy, political engagement, lobbying of Congress and the White House, along with real pressure from the American people, I fear maternal and child health will not be successful. Kids will die.

I am the author of - The Newborn, Child, and Mother Survival Act, H.R.1410 - which authorizes the development of a U.S. strategy to reduce child and maternal mortality and implementation of the strategy by USAID.

It is a good bill, but it's not enough. A global movement is needed. We need action in Congress and in parliaments in donor and developing countries to advance a child survival and maternal health agenda.

We have a choice. Do nothing and 24,000 children will die every day. Or we could mobilize the political will for children and moms around the world and save millions of lives. It seems like an easy choice.

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